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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. TUBERVILLE FOR SENATE, INC. PO BOX 590012 ADDRESS (number and street) (Check if address is changed) BIRMINGHAM 35259 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tubervilleforsenate@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) TOMMYFORSENATE.COM (Check if address is changed) DATE 04 2021 C00701672 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. JONES, RANDALL, E, , Type or Print Name of Treasurer JONES, RANDALL, E,, [Electronically Filed] 01 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate	TUBERVILLE, THOMAS, H, ,	
	didate / Affiliati	on REP Office Sought: House X Senate President	State AL District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
TUBERVILLE FO	R SENATE, INC.	
	nization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
TUBERVILLE VICTORY	FUND	
PC Mailing Address	9 BOX 590012	
I		
BI	RMINGHAM AL 35259	
	CITY STATE	ZIP CODE
Relationship: Connected Org	ganization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify books and records. 	by name, address (phone number optional) and position of the person in p	possession of committee
JONES, RAND	ALL, E, ,	ı
Full Name	D BOX 590012	
Mailing Address		
	RMINGHAM , AL , 35259	
B	RMINGHAM AL 35259	,
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
Treasurer: List the name and ad any designated agent (e.g., assis	dress (phone number optional) of the treasurer of the committee; and the tant treasurer).	name and address of
Full Name JONES, RAND of Treasurer	ALL, E, ,	
Mailing Address	BOX 590012	
L		
ВІ	RMINGHAM AL 35259	<u> </u>
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	oxes or maintains funds. Depository, etc.	
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN VA 22101	
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc. SOUTHERN STATES BANK	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc. SOUTHERN STATES BANK	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:				
1.			FEC ID nu	mber	C
2.			FEC ID nu	mber	C
3.			FEC ID nu	mber	C
4.			FEC ID nu	mber	C
ame of Any Connected	Organization, Affiliate	d Committee, Joint Fur	ndraising Repres	entative,	or Leadership PAC Spor
Mailing Address				1 1 1	
_					
					1 1
Relationship:		CITY A	ST	——— ATE ▲	ZIP CODE ▲
			oint Fundraising Re	presentati	ve Leadership PAC S
				presentati	ve Leadership PAC S
esignated Agent: Identify				presentati	Ve Leadership PAC S
esignated Agent: Identif				presentati	Ve Leadership PAC S
esignated Agent: Identify				presentati	Ve Leadership PAC S
esignated Agent: Identif	by name, address (pr			presentati	
esignated Agent: Identify Full Name Mailing Address	by name, address (pr	none number – optional)		TE A	
esignated Agent: Identify Full Name Mailing Address	by name, address (pr	none number – optional)	STA	TE A	
esignated Agent: Identify Full Name	ries: List all banks or o	none number – optional) CITY	STA Telephone Numb	TE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	ries: List all banks or caintains funds.	none number – optional) CITY	STA Telephone Numb	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, FVCB	ries: List all banks or caintains funds.	none number – optional) CITY	STA Telephone Numb	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, FVCB	ries: List all banks or caintains funds.	none number – optional) CITY other depositories in which	STA Telephone Numb	TE A	ZIP CODE A
Full Name	ries: List all banks or daintains funds.	none number – optional) CITY other depositories in which	STA Telephone Numb	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositions are of Bank, epository, etc	ries: List all banks or daintains funds.	none number – optional) CITY other depositories in which	STA Telephone Numb	TE A	ZIP CODE A